

<b>Declaration for Patent Application</b> <b>English Language Declaration</b>	Attorney Docket No.	RADV-100-USA(US)
	First Name Inventor	Peter A. Rothschild
<b>COMPLETE IF KNOWN:</b>		
<input type="checkbox"/> Submitted with initial filing <input checked="" type="checkbox"/> Submitted after initial filing (surcharge required 37 CFR 1.16(e))	Application No.	09/602,643
	Filing Date	June 22, 2000
	Group Art Unit	N/A
	Examiner	Not Yet Assigned

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**MEDICAL IMAGE MANAGEMENT SYSTEM AND METHOD**

the specification of which (check one)

☐ is attached hereto.

☒ was filed on June 22, 2000  
as United States Application No. or PCT International Application No. 09/602,643  
and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119 (a)-(d) or 365(b) of any foreign applications(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or any PCT international application having a filing date before that of the application on which priority is claimed.

**Prior Foreign Application(s)**

			Priority Not Claimed	Certified Copy Attached	
				YES	NO
_____ (Number)	_____ (Country)	_____ (Filing Date)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ (Number)	_____ (Country)	_____ (Filing Date)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ (Number)	_____ (Country)	_____ (Filing Date)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional prior foreign applications are listed on a supplemental data sheet attached hereto.

I hereby claim the benefit under 35 U.S.C. Section 119(e) of any United States provisional application(s) listed below:

_____	_____
(Application Serial No.)	(Filing Date)
_____	_____
(Application Serial No.)	(Filing Date)
_____	_____
(Application Serial No.)	(Filing Date)

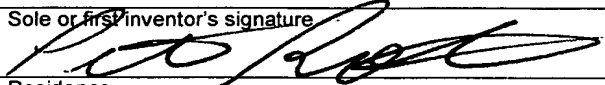
☐ Additional U.S. provisional applications are listed on a supplemental data sheet attached hereto.


I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

_____	_____	_____
(Application Serial No.)	(Filing Date)	(Status)
		Patent No. (if applicable):
		_____
_____	_____	_____
(Application Serial No.)	(Filing Date)	(Status)
		Patent No. (if applicable):
		_____
_____	_____	_____
(Application Serial No.)	(Filing Date)	(Status)
		Patent No. (if applicable):
		_____

☐ Additional U.S. or PCT international application numbers are listed on a supplemental data sheet attached hereto.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor Peter Alden Rothschild	
Sole or first inventor's signature 	Date 9/11/00
Residence 901 Governors Bay Drive, Redwood City, California 94065	
Citizenship U.S.A.	
Post Office Address  901 Governors Bay Drive Redwood City, California 94065	

Full name of second inventor Vijendra Guru Raaj Prasad	
Second inventor's signature 	Date 9/11/00
Residence 38295 Logan Drive, Fremont, California 94536	
Citizenship India	
Post Office Address  38295 Logan Drive Fremont, California 94536	



VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) AND 1.27(c)) SMALL BUSINESS			Docket No. RADV-100-USA(US)	
Serial No. 09/602,643	Filing Date June 22, 2000	Patent No.	Issue Date	
Applicant/Patentee: Peter Alden Rothschild, et al.				
Invention: MEDICAL IMAGE MANAGEMENT SYSTEM AND METHOD				
<p>I hereby declare that I am:</p> <p><input type="checkbox"/> the owner of the small business concern identified below:</p> <p><input checked="" type="checkbox"/> an official of the small business concern empowered to act on behalf of the concern identified below:</p> <p>NAME OF CONCERN: RadVault, Inc.</p> <p>ADDRESS OF CONCERN: 3541 Investment Blvd., Suite Four Hayward, California 94545</p> <p>I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.</p> <p>I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the above-identified invention described in:</p> <p><input type="checkbox"/> the specification filed herewith with title as listed above.</p> <p><input checked="" type="checkbox"/> the application identified above.</p> <p><input type="checkbox"/> the patent identified above.</p> <p>If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed on the next page and no rights to the invention are held by any person, other than the inventor, who could not qualify as an independent inventor under 37 CFR 1.9(c) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).</p>				

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

☒ No such person, concern or organization exists.

☐ Each such person, concern or organization is listed below.

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as a small entity (37 CFR 1.27).

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: Peter Alden Rothschild

TITLE OF PERSON SIGNING  
OTHER THAN OWNER: Chief Executive Officer

ADDRESS OF PERSON SIGNING: 3541 Investment Blvd., Suite Four  
Hayward, California 94545

SIGNATURE: \_\_\_\_\_

DATE: 9/11/00